

CAP MR/DD Service Definition

Title: Crisis Services

Service Definition:

Crisis Services provide one additional staff person, who is trained in behavior techniques, the individual's person centered plan and the crisis plan, to provide services for the waiver participant, as needed during an acute crisis situation so that the recipient can continue to participate in his/her daily routine and/or residential setting without interruption. Crisis Services is an immediate intervention available, 24 hours per day, 7 days per week to support other direct care staff, family members or primary caregivers. By providing this service, an imminent institutional admission may be avoided while protecting the person from harming themselves or others. It is appropriate to provide such support during periods of time in which the person is presenting episodes of dangerous, and potentially life threatening behaviors that require specialized staff intervention. Crisis Services staff will support the implementation of the crisis intervention component/crisis plan of the formal behavior intervention program developed by a licensed psychologist under the definition of Behavior Consultation. After any crisis event it is expected that recommendations and changes as needed be made to the intervention program and crisis plan within five business days. After the tenth day the team will reconvene to determine what additional steps need to be taken to de-escalate the crisis or prevent the crisis from reoccurring.

Service Limitation:

This service may not duplicate Behavior Consultation, level 1-3.

Services are to be provided in the person's residence or other naturally occurring environment in the community. Crisis Services may be authorized for periods of up to 15 calendar day increments, not to exceed 60 days. In circumstances requiring Crisis Services beyond 60 days a second level clinical review by designated DMH/DD/SAS staff in addition to the statewide utilization vendor must occur. Crisis services can not exceed 2016 hours for the waiver year.

Staff Qualifications:

Individuals providing Crisis Services must meet the following staffing requirements:

- Must meet the requirements of a para-professional in 10A NCAC 27G .0100-.0200
- Have experience in the field of developmental disabilities of at least one year
- Be supervised by a qualified professional at the bachelor level in 10A NCAC 27G .0100-.0200 who has completed a training course in crisis intervention with successful completion of a learning assessment at the conclusion of the course
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the plan of care.

- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training. Staff must have a high school diploma or GED
- Direct care staff must have a criminal record check A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a North Carolina other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

Documentation:

Crisis Services will be documented by a service note Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

The completion of a service note to reflect services provided shall be documented within 24 working hours.

Provider Qualifications:

Crisis Services must be delivered by practitioners employed by, or under contract with mental health, developmental disabilities or substance abuse provider organizations that:

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of

waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.